

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re application of:** Rainer Schneider

**Application No.** Not yet assigned

**Filed:** Herewith

**Confirmation No.** Not yet assigned

**For:** ADAPTER FOR LIGHT EMITTING  
APPARATUS USED IN MEDICAL FIELD

**Examiner:** Not yet assigned

**Art Unit:** Not yet assigned

**Attorney Reference No.** 5497-67414

**INFORMATION DISCLOSURE STATEMENT  
PURSUANT TO 37 C.F.R. § 1.97(b)(3)**

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

Listed on the accompanying form PTO-1449 and enclosed herewith is one non-English-language documents. Applicant respectfully requests that this document be listed as a reference cited on the issued patent.

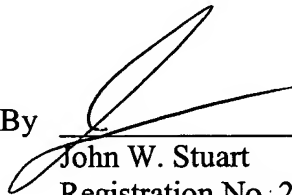
Applicant filed this Information Disclosure Statement ("IDS") before the mailing date of a first Office action on the merits. As a result, no fee should be required to file this IDS. However, if the Patent Office determines that a fee is required for Applicant to file this IDS, please charge any such fees, or credit overpayment, to Deposit Account No. 02-4550. A **duplicate** copy of this Information Disclosure Statement is enclosed.

The filing of this IDS shall not be construed to be an admission that the information cited in the statement is, or is considered to be, prior art or otherwise material to patentability as defined in 37 C.F.R. §1.56.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By



John W. Stuart  
Registration No. 24,540

One World Trade Center, Suite 1600  
121 S.W. Salmon Street  
Portland, Oregon 97204  
Telephone: (503) 226-7391  
Facsimile: (503) 228-9446

<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				<b>Attorney Docket Number</b>	5497-67414
				<b>Application Number</b>	Not yet assigned
				<b>Filed</b>	Herewith
				<b>First Named Inventor</b>	Schneider
				<b>Art Unit</b>	Not yet assigned
				<b>Examiner Name</b>	Not yet assigned
<b>FOREIGN PATENT DOCUMENTS</b>					
<b>Examiner's Initials*</b>	<b>Cite No. (optional)</b>	<b>Number</b>	<b>Date</b>	<b>Country</b>	
		FR 2 818 892	12/29/2000	France	

<b>EXAMINER SIGNATURE:</b>	<b>DATE CONSIDERED:</b>
* Examiner: Initial if reference considered, whether or not in conformance with MPEP 609. Draw line through cite if not in conformance and not considered. Include copy of this form with next communication to applicant.	